## **BROOKHAVEN COUNTRY DAY CAMP**

Div. of Sunshine Camp Corp.

## LONG ISLAND AVENUE, YAPHANK, NY 11980

(631) 924-4033

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www.brookhavendaycamp.com

## **SUMMER 2023 ENROLLMENT AGREEMENT OUR 55th YEAR**

ENROLLMENT AGREEMENT (first name) (last name)			DATE OF BIRTH	SHIRT SIZE	PRESENT SCHOOL GRADE AS OF TODAY	Check if	OFFICE USE ONLY			
		$\mathbf{x}$				first year camper	Group	TRANS.		
1 <sup>ST</sup> CHILD	М	F						CARD		
1 CHILD	IVI	ľ								
2 <sup>ND</sup> CHILD*	M	F								
3 <sup>RD</sup> CHILD*	M	F								
* 2 <sup>ND</sup> , 3 <sup>RD</sup> CHILD, ETC., DISCOUNT: 4 WEEKS -	\$200; 5 V	ÆE	KS \$250; 6 V	VEEKS - \$	300; 7 WEEKS \$350;	8 WEEKS -	\$400	<del></del>		
HOME ADDRESS		TOWN			ZIP		PHONE			
E-MAIL ADDRESS (required)										
SUMMER ADDRESS		,	TOWN		ZIP		PHON	E		
(if different)					BUS.		CELL			
MOTHER'S NAME HOME ADDRESS										
(if different)					BUS.		CELL			
FATHER'S NAME HOME ADDRESS					PHONE		_ PHONE			
(if different) IN EMERGENCY CALL: (OTHER THAN PARENTS)			RELATIO							
2.		_								
CHECK APPROPRIATE WEEKS CHECI 2 CONSECUTIVE WEEKS* () 3 WEEKS ()	(CIRCLE DAYS) PRETEEN (_							(grade 7)		
4 WEEKS ()			W TH			IOR TEE	N (	(grades 8&9)		
<del>-</del>	rs are gr	oup	ed by their	grade as			,	) (		
<del></del>	CIT (_ () NURSERY THRU 6 <sup>TH</sup> GRADE						(	) (grades 9 &10)		
8 WEEKS () CIRCLE EACH WEEK ATTENDIN	NG - w	κ 1	wk 2	wk 3 wl	k 4 wk 5 wk 6	wk 7	wk 8			
LUNCH PROGRAM - SEE MENU YES () NO	(_)		TRANSPO	ORTATIO	ON YES () N	0 (_)	ı			
ENCLOSE CHECK OR MONEY ORDER OR FILL IN	N CRED	IT (	CARD INFO	ORMATI	ON BELOW:			* TWO WEEK SESSIONS MUST BE		
CAMP FEE \$ DEPOSIT \$		_ 1	BALANCE	\$				CONSECUTIV		
(ADD 2% IF PAYING BY CREDIT CARD) CARD#					EXP. DA	TE				
In the event of nonpayment of fees, I agree to pay all comphotographs or video to be used in advertising, brochur trips which may be part of the camp's regular program. No refunds or make-up days due to illness or any absentias follows: During the 1 <sup>st</sup> week - 30%, during the 2 <sup>nd</sup> we additional 10 percent due Jan. 31, 10 percent due March	es, etc.; . A \$100 ces. Can ek - 50%	and per cella	for my chil child regis ations of les uring 3 <sup>rd</sup> or	d(ren) to tration fe ss than a 4 <sup>th</sup> week	participate in campee will be charged for 4 week period will be 62%. Payment so	o field trips or cancellat oe charged hedule: 10	s, late nig tions occu a percent percent o	hts and rainy day rring after May 1 <sup>s</sup> t of the 8 week prio on enrollment, an		

PARENT'S SIGNATURE

**DATE** 

charged \$100. I understand that the camp reserves the right to cancel this agreement at any time for any reason.

The camp is required to be licensed by the Suffolk County Dept. of Health Services and to be inspected twice yearly. Inspection reports concerning the camp are filed at the Suffolk County Dept. of Health Services, District Office, Housing and General Sanitation Unit (Yaphank, New York).